## Entry Blank—Please Type or Print

Pkg Rm Table

			lable
☐ Ms./Artist ☑ Mr./Artist	BRUCE	METCA	2F
			(last name last)
Permanent Address	132 CRA	IN AVE	KENT OH
	Street	City	
	44240	Daytime Tel. ( 2	16) 672-2910
Zip		a	rea (mwF)
Temporary or			
Studio Addres	ss		
		Street	City
		Daytime Tel. ( 2	26 672-236
Zip		a	irea
	presently live in one hich county were you	of the counties of the born?	· Western
Collaborator (	(if any)		
	pick up at Museum.		
	should dispose of. Should ship to artist a	t artist's expense:	
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## Detach entire portion along dotted line and submit with slides, but retain tags

NOT ACCEPTED

## **Entry Blanks**

A	☐ Paint ☑ Scul	tings oture		aphics afts		ography (specify category)
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Price or N		Insurance if NFS Or	Value	,000 .		″ェノフ <sup>ペ</sup> ェ 6 idth x depth
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				OTOGRAPH		
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NOT ACCEPTED

DATE

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Name	8RUCE METCALF 6/0 School of Art	
	Kent State University Kent, Ohio 44242	
Address		
City & State		Zip

## Notification #2

Do alot Detach

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- ☐ Paintings ☐ Graphics
- ☐ Photography
- Sculpture 

  Crafts

"MR. B. SHOWS US WHAT WE Title REALLY ARE"

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
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Do Not Detach

- ☐ Paintings
- ☐ Graphics
- ☐ Photography

☑ Sculpture ☐ Crafts

"MONUMENT to THE POSTMODERN CONDITION"

DO NOT WRITE IN THIS SECTION 4)-38 (A-D)
4 pcs total NOT ACCEPTED

Return of Objects

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT